



CITY OF CHULA VISTA  
PLANNING & BUILDING DEPARTMENT  
276 Fourth Avenue  
Chula Vista, CA 91910

## Zoning Letter Request Form

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Instructions upon Completion:

☐ US Mail      ☐ Fax      ☐ Call for pick up

### PROPERTY INFORMATION

Location/Address: \_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_

Information Requested in Letter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Staff Use

File No: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

DST: \_\_\_\_\_ Project Planner: \_\_\_\_\_

Zone: \_\_\_\_\_ General Plan: \_\_\_\_\_ Redev Area: \_\_\_\_\_

SPA: \_\_\_\_\_ SPA LUD: \_\_\_\_\_ Other: \_\_\_\_\_

Date Sent: \_\_\_\_\_ via: \_\_\_\_\_ By: \_\_\_\_\_